MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

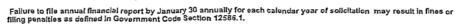
TELEPHONE: (916) 323-5079

WEBSITE ADDRESS: http://aq.ca.gov/charities/

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES VEHICLE DONATION PROGRAM

2002 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)



An annual financial report must be filed for each event for

61	
liberty and paties under law	

	each charity solicited for during the previous calendar year.			
Name and Address of Comm	ercial Fund-raiser:	Organization:		
513		ETNO NP F.E.I.		
CAR PROGRAM LL 3755 OMEC CIRCLE RANCHO CORDOV.	E#4 ·	Leukemia and Lymph Name of Charity G1665 Dr	oma Society, S.D. Hawaii	
		Address of Charity Au D/190 City, State, and ZIP Code of Charity	7 92123	
Car Dona	Visia	. /.	10/25	
(Type of Activi		(Date or dates must be sh	to $12/31$ 20 CE	
1.		(50.00) 50.00 11.00, 50 01.	/	
REVENUE		22 22 1 51		
A. Car/Truck Sales		22,751, 51 A.		
B. Boat Sales		B.		
C. Real Estate Sales	•	C.		
D. Other sources: (Sp	pecify)			
a		Da	The state of the s	
b		Db		
C		Dc		
d		Dd	•	
E. TOTAL REVENUE			22,751. SI	
2. EXPENSES			•	
A. Fees or commission	ons	6046.16 A.		
B. Salaries		В.		
C. Payroll taxes		C.		
D. Employee benefits		D.		
E. Towing		946. 50 E.		
F. Vehicle repairs		F.		
G. Parts			G.	
H. DMV Fees		———— H.		
I. Appraisals				
J. Detailing		J.		
K. Advertising		K.		
L. Telephone		L.		
M. Other expenses: (Specify)	00		
aA	aministration			
		Mb		
C		Mc		
W)		Md	S (-1) X	
N. TOTAL EXPENSES		401466	0070 N.	
		-01-100		

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•		-	_	_	•	-
Page	2					

Pag	ge 2		
3.4.5.6.	Total Amount charity realized from opera	ration of vehicle donation program paid by cition of vehicle donation program owner of the Commercial Fund-raiser in a on for which the Commercial	14 162
Name of officer, director, partner or owner of commercial fund-raiser		Name and address of charitable organization	Relationship of officer, etc. to charitable organization
	(b) For each affiliation identified in 6(a), attach copy of the contract between the co	ommercial fund-raiser and the char
Und and		re examined this report, including accompan	nying documents, schedules and statements
Sign	nature of authorized officer (Com mercial Fund-raiser)	Printed Name	Member Manager 2/11/0
This	s report must be signed by two officers of the c	naritable organization for verifying the distribution	Exercise De 3/17/03
Sigr	nature of authorized officer/director (Charity)	Printed Name	Title Date

gnature of authorized officer/director (Charity)

ct-2VCF (11/2002)

Attorney General's Registry of Charitaluc

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